Nova Scotia
Occupational Therapy
Regulator

202-1597 Bedford Hwy, Bedford NS B4A 1E7
(902) 455-0556

Application for a Professional Corporation Permit

Instructions to Applicant:

Complete this form in full and attach all required supporting documents:

(a) a copy of the Company's Certificate of Incorporation,

(b) a Certificate of Status in respect of the Company issued by the Registrar of Joint Stock Companies, under the Companies Act and the Corporations Registration Act,

You must solemnly declare the information in this application to be true before a lawyer. NSOTR will not process an application that is incomplete or has not been properly witnessed. Return the application via mail or e-mail to:

Nova Scotia Occupational Therapy Regulator
202-1597 Bedford Hwy
Bedford NS B4A 1E7

Subject: Corporate Permit Application
registration@nsotr.ca

Upon receipt of a completed form, NSOTR will invoice the occupational therapist named in **Part B** for the application fee of $150.

You may not engage in the practice of occupational therapy through your professional corporation until NSOTR has approved your application and provided you with a copy of your permit.

Part A: Corporate Information

_____ Limited/Incorporated (the "Company"), with Registered Office at _____ in the _____ of _____, in the Province of Nova Scotia, hereby applies for a permit under Article 23 of the Nova Scotia Occupational Therapy Regulator *Bylaws*.

1. The name of the Company is _____.

2. The objects of the Company stated in its Memorandum of Association include (select **one** of the following):

   □ **ONLY** the object of engaging in the practice of occupational therapy

   □ the objects of engaging in the practice of occupational therapy **AND** _____

   _____.

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3. The Company is a private company as defined by the *Securities Act.*

4. The total number of voting shares is _____.

5. The total number of non-voting shares is _____.

6. The persons who own voting shares of the Company who are **not** licensed occupational therapists under the *Regulated Health Professions Act* are:

Name	Address	No. & class of shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. The persons who own voting shares of the Company who are licensed occupational therapists under the *Regulated Health Professions Act* are:

Name	Address	No. & class of shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. The persons who own non-voting shares of the Company or for whom any shares of the Company are held in trust, and the trustee, if any, are:

Beneficial Owner	Address	Trustee	Address	No. & class of shares
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. The directors of the Company, each of whom is a licensed occupational therapist under the *Regulated Health Professions Act,* are:

Name	Address
_____	_____
_____	_____
_____	_____

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_____	_____
_____	_____
_____	_____

10. The President of the Company is:

Name	Address
_____	_____

11. The remaining officers of the Company are:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

12. The persons, including both employees and contractors, who will carry on the practice of occupational therapy for or on behalf of the Company, each of whom is a licensed occupational therapist under the *Regulated Health Professions Act,* are:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Part B: Undertaking and Declaration

1. The Company undertakes that while its permit is in force, it will at all times faithfully keep and perform all of the obligations of a licensed occupational therapist and comply with all of the rules and requirements of the Nova Scotia Occupational Therapy Regulator.

2. I, _____ of Nova Scotia, do solemnly declare
   (a) that I am a licensed occupational therapist pursuant to the *Regulated Health Professions Act*;
   (b) that I am a shareholder and director of the above-named corporation which is applying for a permit; and
   (c) that the information in Part A of this application form is true, accurate, and complete.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act.*

DECLARED AT _____)
in the County of _____,)
Province of Nova Scotia, on the)
_____ day of _____, _____,)
before me:)

_____)
A Barrister of the Supreme Court of)
Nova Scotia)

_____
Applicant Signature

_____
NSOTR Licence No.

Notarial Stamp or Seal